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To:

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From:

Account Name

: URS AGENTS LLC

Account Number: I20150000127

Phone

: (800)567-4397

Fax Number

: (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address; dtorres7543@gmail.com

REGISTERED AGENT CHANGE THE HEALING TRUTH FOUNDATION, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: THE REALING TRUTH POUNDATION, INC. Name of Corporation DOCUMENT NUMBER: N20000006162 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **DIANA TORRES** Name of Contact Person THE HEALING TRUTH FOUNDATION, INC. Firm/Company PO BOX 273154 Address **BOCA RATON, FL 33427** City/State and Zip Code dtorres/7543@gmail.com E-mail address: (to be used for future annual report notification)

URS Agents ATTN Kanetha Bishop at (800) 567-4397

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

For further information concerning this matter, please call:

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 817.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
In orde	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: THE HEALING TRUTH FOUNDATION, INC.
2. The principal	office address: 1279 W Palmetto Park Rd #3154 Boca Raton, 33486
3. The mailing a	iddress (if different): PO Box 273154 Boca Raton, 33427
4. Date of incom	poration/qualification: 06/09/2020 Document number: N20000006162
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the street of State: (If resigned, enter resigned)
	DIANA TORRES
	555 NW 4AVE #321
	BOCA RATON, FL 33432
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	URS AGENTS INC.
	3458 LAKESHORE DR
	P.O. Box NOT acceptable TALLAHASSEE, FL 32312
The street addre	ss of its registered office and the street address of the business office of its registered agent.
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Dunna	DIANA TORRES, BO ARD MEMBER
i nereby accept to further agree to of my duties, and document is being corporation has	the appointment as registered agant and agree to act in this capacity. It is complete performance to comply with the provisions of all statutes relative to the proper and complete performance if I am familiar with and accept the obligation of my position as registered agent. Or, if this is filled merely to reliect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
9<	S 19 2020
f signing on beh	alf of an entity:
Kanetha Bishop, A	·
Тур	ed or Printed Name
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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